



# APPLICATION SPECIAL USE PERMIT

SUP2014-0093

## ADMINISTRATIVE CHANGE OF OWNERSHIP OR MINOR AMENDMENT

☒ Change of Ownership      ☐ Minor Amendment

[must use black ink or type]

**PROPERTY LOCATION:** Shell Service Station  
5200 Duke St, Alexandria, VA 22304  
**TAX MAP REFERENCE:** 058.02-01-02 **ZONE:** CG1/Commercial General  
**APPLICANT**  
Name: Inayat Omar  
Address: 9180 Marovelli Forest Dr, Lorton, VA 22079  
**PROPERTY OWNER**  
Name: NOVA Petroleum Realty, LLC  
Address: 6920-B Commercial Drive, Springfield, VA 22151  
**SITE USE:** Retail Gas Station, Mechanics Bays and Snack Shop

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Change in Ownership**, in accordance with the provisions of Article XI, Division A, Section 11-503 (5)(f) of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having read and received a copy of the special use permit, hereby agrees to comply with all conditions of the current special use permit, including all other applicable City codes and ordinances.

☒ **THE UNDERSIGNED** hereby applies for a Special Use Permit for **Minor Amendment**, in accordance with the provisions of Article XI, Division A, Section 11-509 and 11-511 of the 1992 Zoning Ordinance of City of Alexandria, Virginia.

☒ **THE UNDERSIGNED**, having obtained permission from the property owner, hereby requests this special use permit. The undersigned also attests that all of the information herein required to be furnished by the applicant are true, correct and accurate to the best of his/her knowledge and belief.

Inayat N. Omar  
Print Name of Applicant or Agent  
9180 Marovelli Forest Dr.  
Mailing/Street Address  
Lorton VA 22079  
City and State      Zip Code

[Signature]  
Signature  
703-3982066 2022046040  
Telephone #      Fax #  
inno.inayat@hotmail.com  
Email address  
08/26/2014  
Date

### DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

Application Received: \_\_\_\_\_  
Legal advertisement: \_\_\_\_\_  
ACTION - PLANNING COMMISSION \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_  
ACTION - CITY COUNCIL: \_\_\_\_\_

The following information must be furnished to the Department of Planning and Zoning to determine if the current use conducted on the premises complies with the special use permit provisions and all other applicable codes and ordinances.

1. Please describe prior special use permit approval for the subject use.

Most recent Special Use Permit # 46-0087

Date approved: 06 / 07 / 1996  
month day year

Name of applicant on most recent special use permit Robert J Anderson

Use CG / Commercial General

2. Describe below the nature of the **existing operation in detail** so that the Department of Planning and Zoning can understand the nature of the change in operation; include information regarding type of operation, number of patrons served, number of employees, parking availability, etc. (Attach additional sheets if necessary.)

The business is a retail Gas station with a small convenience store and three (3) mechanics bays. We have about 10 patrons for the bays a day and around 75 patrons a day for the convenience store and to pump gas. There are 10 employees total with 7 on during the day. There are currently 13 parking spaces including those improved in 1996. The new owners do not intend to change any operations. They intend to continue to operate in the same manner.

3. Describe any proposed changes to the business from what was represented to the Planning Commission and City Council during the special use permit approval process, including any proposed changes in the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, any noise emitted by the use, etc. (Attach additional sheets if necessary)

None. We intend to continue current operations as described in SUP 96-0084. The number of patrons will continue at 10 in the bay and 75 for gas and snack shop a day. Original SUP was for additional parking spaces and a temporary storage unit. We intend to keep this the same.

4. Is the use currently open for business? ☒ Yes ☐ No

If the use is closed, provide the date closed. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

5. Describe any proposed changes to the conditions of the special use permit:

None. We intend to continue to operate in the same manner. Only ownership will change.

6. Are the hours of operation proposed to change? ☐ Yes ☒ No

If yes, list the current hours and proposed hours:

Current Hours:	Proposed Hours:
<u>6 AM to 11 PM M-S Service Station</u>	_____
<u>8 AM to 6 PM for Bays.</u>	_____
_____	_____
_____	_____

7. Will the number of employees remain the same? ☐ Yes ☒ No

If no, list the current number of employees and the proposed number.

Current Number of Employees:	Proposed Number of Employees:
<u>10</u>	<u>8</u>

8. Will there be any renovations or new equipment for the business? \_\_\_\_\_ Yes ☒ No

If yes, describe the type of renovations and/or list any new equipment proposed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Are you proposing changes in the sales or service of alcoholic beverages? \_\_\_\_\_ Yes ☒ No

If yes, describe proposed changes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Is off-street parking provided for your employees? ☒ Yes ☒ No  
 If yes, how many spaces, and where are they located?  
spaces in 13-space off street parking lot

11. Is off-street parking provided for your customers? ☒ Yes ☒ No  
 If yes, how many spaces, and where are they located?  
spaces in 13-space off-street parking lot

12. Is there a proposed increase in the number of seats or patrons served? ☐ Yes ☒ No  
 If yes, describe the current number of seats or patrons served and the proposed number of seats and patrons served. For restaurants, list the number of seats by type (i.e. bar stools, seats at tables, etc.)

Current:

Proposed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. Are physical changes to the structure or interior space requested? ☐ Yes ☒ No  
 If yes, attach drawings showing existing and proposed layouts. In both cases, include the floor area devoted to uses, i.e. storage area, customer service area, and/or office spaces.

14. Is there a proposed increase in the building area devoted to the business? ☐ Yes ☒ No  
 If yes, describe the existing amount of building area and the proposed amount of building area.

Current:

Proposed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. The applicant is the (check one) ☐ Property owner ☒ Lessee  
☐ other, please describe: \_\_\_\_\_

16. The applicant is the (check one) \_\_\_\_\_ Current business owner ☒ Prospective business owner  
☐ other, please describe: \_\_\_\_\_



17. Each application shall contain a clear and concise statement identifying the applicant, including the name and address of each person owning an interest in the applicant and the extent of such ownership interest. If the applicant, or one of such persons holding an ownership interest in the applicant is a corporation, each person owning an interest in excess of ten percent (10%) in the corporation and the extent of interest shall be identified by name and address.

For the purpose of this section, the term "ownership interest" shall include any legal or equitable interest held in the subject real estate at the time of the application. If a nonprofit corporation, the name of the registered agent must be provided.

**Please provide ownership information here:**

Inayat M. Omar of 9180 Marovellie Forest Dr.,  
Lorton, VA 22079. I previously worked as a  
DOD specialist in Afghanistan and purchased this  
business to work with family.

100% ownership